

COUNTY OF SAN DIEGO DOWNPAYMENT & CLOSING COST ASSISTANCE (DCCA) PROGRAM

SELLER AFFIDAVIT

Effective August 1, 2005

BOARD OF SUPERVISORS

GREG COX First District

DIANNE JACOB Second District

PAM SLATER-PRICE Third District

RON ROBERTS

BILL HORN

Property Address:	
Purchase Price: \$	
Buyer Name:	
I am the Seller of the property identified in the above address. I understand that the Buyer is applying for a loftom the County of San Diego Downpayment and Closing Cost Assistance Program.	oan
I understand that this program does not allow the purchase of a property that is currently occupied anyone other than the buyer or the seller.	by
I hereby state that there are no tenants currently renting the property (with the allowed exception of the buye household). I also state that I did not recently, (within the last 30 days), evict tenants for the purpose of make this unit eligible for the County of San Diego Downpayment and Closing Cost Assistance Program.	
As a voluntary sale, I understand that I am not entitled to relocation benefits under the Uniform Relocate Assistance and Real Property acquisition Policies act of 1970 (URA) as a result of this transaction.	ion
I acknowledge that any material misstatement negligently or fraudulently made by me in connection with t DCCA loan application is a violation punishable by a fine and revocation of the DCCA loan, in addition to a criminal penalty imposed by law. <u>I understand that I can phone the Program Administrator at (858) 694-8741</u> , have questions regarding this document or transaction.	any

NOTE: SELLER HAS A CHOICE OF EITHER PROVIDING HIS/HER SOCIAL SECURITY NUMBER OR HAVING THIS DOCUMENT NOTARIZED.

Name of Seller (Type or Print):

(If multiple owners are on title of the property, submit additional forms for each seller.)

Seller Signature:

Current Address:

Social Security Number: